

## **HOME AND COMMUNITY BASED SERVICES POLICY MANUAL**

## **DIVISION OF SENIOR AND DISABILITY SERVICES**

2.00
APPENDIX 3
MEDICAID ELIGIBILITY CODES

## Medical Eligibility (ME) Category Chart

## Eligible for:

ME	Description	State Plan	ADW	ILW	ADCW	SFCW
02	Blind Pension	Yes	No	No	No	No
03	Aid to the Blind	Yes	Yes	Yes	Yes	Yes
04	Permanently and Totally Disabled	Yes	Yes	Yes	Yes	Yes
*05	MO HealthNet for Families - Adult	Yes	No	Yes	Yes	Yes
*10	Refugees other than Cuban, Haitian, Russian	Yes	No	No	No	No
11	MO HealthNet Old Age Assistance	Yes	Yes	Yes	Yes	Yes
12	MO HealthNet - Aid to the Blind	Yes	Yes	Yes	Yes	Yes
13	MO HealthNet - Permanently and Totally	Yes	Yes	Yes	Yes	Yes
	Disabled					
14	Supplemental Nursing Care - Old Age	Yes**	No	No	No	No
15	Supplemental Nursing Care - Aid to the Blind	Yes**	No	No	No	No
16	Supplemental Nursing Care-Permanently and	Yes**	No	No	No	No
	Totally Disabled					
*18	MO HealthNet for Pregnant Women	Yes	No	Yes	Yes	Yes
*19	Cuban Refugee	Yes	No	No	No	No
*21	Haitian Refugee	Yes	No	No	No	No
*24	Russian Jew	Yes	No	No	No	No
*26	Ethiopian Refugee	Yes	No	No	No	No
*36	Adoption Subsidy – Federal Financial	Yes	No	No	No	No
	Participation					
*37	Title XIX - Homeless, Dependent, Neglected	Yes	No	Yes	Yes	Yes

*38	Independent Foster Care Children Ages 18-26	Yes	No	Yes	Yes	Yes
*43	Pregnant Woman - 60 Day Assistance (MHN criteria)	Yes	No	Yes	Yes	Yes
*44	Pregnant Woman - 60 Day Assistance-Poverty	Yes	No	Yes	Yes	Yes
*45	Pregnant Woman - Poverty	Yes	No	Yes	Yes	Yes
55	Qualified Medicare Beneficiary (QMB)	No	No	No	No	No
*56	Adoption Subsidy – Title IV-E	Yes	No	No	No	No
*61	MO HealthNet for Pregnant Women (HIF)	Yes	No	Yes	Yes	Yes
*73,74 75	Children Ages 0-18	Yes	No	No	No	No
82	MoRx (Medicare Part D Wrap-Around Benefits)	No	No	No	No	No
83	Breast or Cervical Cancer Control Project - Presumptive	Yes	No	No	No	No
84	Breast or Cervical Cancer Control Project -	Yes	Yes	Yes	Yes	Yes
85	Ticket to Work Health Assurance - Premium	Yes	Yes	Yes	Yes	Yes
86	Ticket to Work Health Assurance - Non-	Yes	Yes	Yes	Yes	Yes
91	Gateway to Better Health	No	No	No	No	No
***E2	Adult Expansion Group (Medicaid Expansion)	Yes***	No	No	No	No

<sup>\*</sup> May be enrolled in a Managed Care Health Plan. Participants enrolled in a Managed Care Health Plan are not eligible to receive services authorized by the Division of Senior and Disability Services (DSDS) and need to be directed to their health plan.

<sup>\*\*</sup> PC in RCF/ALF authorizations only.

<sup>\*\*\*</sup> May be enrolled in a Managed Care Health Plan. Participants enrolled in a Managed Care Health Plan in The Adult Expansion Group are **only** eligible for Consumer Directed Services authorized by DSDS. Participants **not** enrolled in a Managed Care Health Plan in the Adult Expansion Group are eligible **only** for State Plan Services authorized by DSDS.